



Rosebank School

Listening, Responding, Learning

Allergy and Anaphylaxis Management Policy

DATE OF THIS POLICY:	September 2026
Ratified by Governors:	
Frequency of update:	Annually
Due for revision:	September 2027
Person responsible:	Headteacher

The next revision date is;

Review Date	Changes	By whom
September 2026	New Policy	Adam Westwater

Statement of intent

Rosebank School strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

The school will work in partnership with parents to identify allergens, assess risk and put appropriate control measures in place so that pupils with allergies can attend school safely and participate fully in school life.

The school will not be able to guarantee a completely allergen-free environment. However, the school will take all reasonable steps to minimise exposure to allergens, promote awareness and self-management where appropriate, and ensure that robust emergency procedures are in place for both known and unexpected allergic reactions.

The school will maintain this policy as a dedicated allergy safety policy, separate from its wider policy on supporting pupils with medical conditions, because of the specific and potentially life-threatening risks associated with anaphylaxis.

Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'
- Children's Wellbeing and Schools Act 2026
- DfE 'Allergy safety in schools'

This policy will be implemented in conjunction with the following school policies and documents:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions and Administering Medication Policy
- Allergen and Anaphylaxis Risk Assessment

Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives

- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is a sudden, severe and potentially life-threatening allergic reaction involving Airway, Breathing and/or Circulation problems. Skin symptoms may also be present, but are not always present. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or faint
- Suddenly becoming sleepy, unconscious or collapsing

- For infants and younger pupils, becoming pale or floppy

Roles and responsibilities

The governing board is responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that risks relating to pupils with allergies are included on the school risk register and are actively managed.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and following any serious allergy incident or near miss.

The headteacher is responsible for:

- Ensuring that there is a named senior leader responsible for allergy safety and the implementation of this policy.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.

- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

Allergy safety lead – The nominated allergy safety lead is Adam Westwater

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils who require support with allergies have an up-to-date individual healthcare plan (IHP) *Appendix A*
- All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
- All staff receive regular allergy awareness training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:

- What lessons there are to learn
- Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

All Staff

All staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up to date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor or healthcare professional.

- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

Identifying individuals with allergies

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

The school will keep a record of all individuals with allergies, including whether they have an IHP or an allergy action plan.

Where a pupil requires an IHP, the school will capture key information about their allergy within the IHP. A formal diagnosis will not be required before appropriate arrangements are put in place. This will include the following:

- Emergency contact details for the pupil's parents or family
- An up-to-date photograph of the pupil
- What the pupil's known allergens are and whether the allergen is ingested, inhaled or absorbed
- Whether the pupil has an allergy action plan attached to their IHP (from a healthcare professional)
- Whether the pupil has been prescribed adrenaline devices and, if so, what make and dosage it is
- Whether there is prior medical and parental consent for a spare adrenaline device or emergency asthma reliever inhaler to be used – notwithstanding that in an emergency situation that could not be

foreseen, a spare adrenaline device can be used without prior parental consent

- Whether the pupil also has asthma, and if so, an asthma plan will be attached to the IHP which includes whether there is parental consent to use an emergency asthma reliever inhaler in an emergency

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send new forms to parents/carers at the start of each year asking them to update their child's medical information and known allergies as necessary.
- We ask that parents/carers proactively inform us by either phone call to the school 01606 74975 or an email to admin@rosebank.cheshire.sch.uk if their child's medical needs change during the school year.

For staff members with allergies, arrangements will be put in place when they commence work.

For visitors with allergies, information will be sought in advance of their visit wherever possible.

Managing exposure to allergens

The school will take reasonable steps to manage the risk of individuals with known allergies coming in to contact with allergens while on the school site or during school activities.

This includes considering potential exposure to allergens through food, environmental factors, classroom activities, animals, and external visits. Measures will focus on awareness, risk assessment, and appropriate control

measures, while ensuring that pupils with allergies are able to participate fully in school life.

Pupils will not be prevented from participating in activities alongside their peers simply because of a risk of exposure to allergens. Where necessary, reasonable adjustments will be made to ensure activities can be carried out safely and inclusively.

Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff (Edsential) receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal

requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)

- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip

Procedures for handling an allergic reaction

All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately

Staff are trained in the administration of adrenaline to minimise delays in an emergency

If the pupil has an allergy action plan, this must be followed

A spare school AD device will **only** be used if:

- The pupil does not have a prescribed AD
- The pupil's prescribed AD are not available or misfire

Adrenaline auto-injectors (AAIs)

Pupils at risk of anaphylaxis may be prescribed an adrenaline device (AD) for use in the event of an emergency. This may include an AAI or another prescribed adrenaline device.

Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis but whose device is not available or is not working.

The school understands that anaphylaxis reactions can occur in pupils without a pre-existing diagnosis of a food allergy. The school will therefore stock spare AAIs for use in emergency situations.

Any spare AAIs held by the school in this way will be considered spare devices and not a replacement for the pupil's own device. Pupils who have been prescribed adrenaline devices will have their prescribed devices readily available to them at all times while at school.

Spare AAIs will be used for pupils:

- Who have been prescribed AAIs but their own device is not available.
- With food allergies who have been assessed as being at lower risk of anaphylaxis and therefore not prescribed their own AAIs.

In addition, spare AAIs will be used with anyone experiencing anaphylaxis in an emergency, for the purpose of saving their life. This is in accordance with the legal exemption under Regulation 238 of the Human Medicines (Amendment) Regulations 2017.

The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the school.

- The purposes for which the product is required.
- The total quantity required.

Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.

The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to.

Depending on their level of understanding and competence, pupils will carry their AAIs on their person at all times, or they should be quickly and easily accessible at all times.

If AAIs are not carried by the pupil, they will be kept in a central place in a box marked clearly with the pupil's name but not locked in a cupboard or an office where access is restricted.

When storing AAIs, they will be:

- Readily accessible and not locked away.
- Located less than five minutes away from where they may be needed.
- Stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site.
- Clearly labelled, to avoid any confusion with AAIs prescribed to a named person.

The emergency anaphylaxis kit(s) can be found at the following location:

- [The cupboard in the family support workers office – Clearly labelled](#)

In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

The following staff members are responsible for maintaining the emergency anaphylaxis kit(s):

- Sally Wilks

- Adam Westwater
- Lisa Noden

The above staff members will conduct ad-hoc and termly checks of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices and salbutamol inhalers are present and have not expired.
- Spare AAI devices are replaced when they are used.

The following staff member is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs: Sally Wilks

Any used or expired AAIs will be disposed of in accordance with manufacturer's instructions.

Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy.

Used AAI's may also be taken back to the pharmacist for safe disposal. They should not be placed in regular bins in school.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- What medication was given
- Who administered it
- Whether a second dose was required

Access to spare AAIs

A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.

For planned use, spare AAIs are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan

confirming their risk, but who have not been prescribed an AAI. This does not prevent a spare AAI being administered in an unforeseen, life-threatening emergency where anaphylaxis is suspected.

Consent will be obtained as part of the introduction or development of a pupil's IHP.

If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHP.

The school uses a register of pupils (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up to date.

Parents can withdraw their consent at any time. To do so, they must write to the headteacher.

[Lisa M/Louisa M](#) checks the register is up to date on an [annual](#) basis.

[Adam/Lisa N](#) will also update the register relevant to any changes in consent or a pupil's requirements.

Copies of the register are held in [each classroom](#), which are accessible to all staff members.

Medical attention and required support

Once a pupil's allergies have been identified, the school will consider what arrangements are required to support the pupil. Where an IHP is required, a meeting will be set up between the pupil's parents, the relevant classroom teacher and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Pupils with Medical Conditions Policy.

Parents will provide the school with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

Pupils who require life-saving medication, such as prescribed adrenaline devices, will be expected to have their medication available at school and on educational visits.

All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the pupil may require will be outlined in their IHP.

All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP.

The school operates a mobile phone-free environment in line with national guidance; however, where a pupil requires access to a mobile phone to support the management of their allergy, reasonable adjustments may be made in accordance with the Equality Act 2010. In such cases, pupils may be permitted to use their mobile phone for specific medical purposes related to their allergy management at agreed times and locations, as set out in their IHP.

Adam Westwater is responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with allergies, ensuring that

any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

Adam Westwater has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

Staff training

All staff will receive allergy awareness training at least annually. This will include teaching and support staff, temporary and supply staff, peripatetic staff, agency workers, regular volunteers, catering staff and those who oversee pupils at breakfast or after-school clubs.

Whole-school allergy awareness training will ensure that all staff:

- Have an awareness of allergies, the risks they pose, how allergic reactions can occur and how to manage it.
- Understand that allergy includes multiple conditions, e.g. food allergy, asthma, eczema, hay fever, which can co-exist.
- Understand and can identify the main food allergens, and understand the difference between food allergy, intolerance and coeliac disease.
- Can identify the range of symptoms of allergic reactions.
- Understand and can recognise anaphylaxis.
- Know how to respond in an emergency, including:
 - Calling the emergency services.
 - How to locate and administer AAI in a case of anaphylaxis or an asthma reliever inhaler during an asthma attack.
 - How to use the AAI devices prescribed to pupils and the spare devices stocked by the school.
- Understand the impact allergies can have on a pupil's wellbeing.
- Understand this policy.

- Know how to check whether an individual is on the record of those with known allergies and how to use an allergy or asthma action plan.
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens.
- Understand how to report an allergic reaction or case of anaphylaxis – whether an incident or a near miss.

New staff members will receive allergy awareness training as part of their induction. Supply and temporary staff will be provided with relevant information about pupils with allergies, emergency procedures and the location of emergency medication.

New staff members will receive allergy awareness training as part of their induction. Supply, temporary and other relevant non-permanent staff will be provided with information about pupils with allergies, emergency procedures and the location of emergency medication, and will be required to have received appropriate allergy awareness training.

Where gaps in staff training are identified, the school will undertake a risk assessment and take appropriate action to address them. This may include arranging additional training or ensuring that appropriately trained staff are available to support pupils with allergies during lessons, activities, trips or other school events.

Mild to moderate allergic reaction

Mild to moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and refer to their IHP to determine appropriate next steps.

The pupil's parents will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.

For mild to moderate allergy symptoms, the pupil's IHP will be followed and the pupil will be monitored closely in a safe place for at least 60 minutes to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with this policy. Where the pupil is required to go to the hospital, an ambulance will be called.

Managing anaphylaxis

All staff will be aware of the 'ABC' (Airway, Breathing, Circulation) principle when recognising anaphylaxis.

Staff members will be able to recognise the following signs of anaphylaxis:

- **Airways:**
 - Tightening of the throat
 - Hoarse voice
 - Difficulty swallowing
 - Swollen tongue
- **Breathing:**
 - Sudden wheezing
 - Difficult or noisy breathing
 - Persistent cough
- **Circulation:**
 - Persistent dizziness
 - Pale or floppy

- Suddenly sleepy
- Collapse/unconscious

Where a pupil with asthma and a food allergy develops sudden breathing difficulties, staff will consider anaphylaxis and administer adrenaline without delay rather than an asthma reliever inhaler.

If one or more of the signs above are present, the nearest trained staff member will follow the below procedure:

1. Lay the pupil flat with their legs raised. If breathing is difficult, allow them to sit upright.
2. Administer adrenaline without delay, using the pupil's prescribed adrenaline device or a spare AAI if necessary.
3. Call 999 immediately and request an ambulance, stating that the person is experiencing anaphylaxis.

After administering adrenaline, the staff member(s) handling the situation will stay with the pupil until the ambulance arrives and will keep them lying down, even if the situation appears to be improving. They will then phone the pupil's parent or emergency contact.

If there is no improvement after five minutes, an additional dose of adrenaline will be administered using a second device.

CPR will be commenced at any time if there are no signs of life.

If necessary, other staff members may assist the designated staff members with administering AAI's.

The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers a suspected severe allergic reaction, the nearest trained member of staff will administer a spare AAI without delay if anaphylaxis is suspected. Emergency services will be contacted immediately after AAI administration. Staff will be made aware

that the risks associated with delaying adrenaline are greater than those associated with administering it unnecessarily.

Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAI's will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents.

If a pupil is taken to hospital by ambulance, **two** members of staff will accompany them.

A copy of the Register of AAI's will be held in each classroom for easy access in the event of an allergic reaction.

Following the occurrence of an allergic reaction, the SLT, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

Serious incidents and 'near misses'

Serious Incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency

medication, urgent clinical intervention or attendance by emergency services.

A '**near miss**' is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

- Who was affected?
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

This information will be reported on Arbor in Medical – Medical Event

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with Adam Westwater. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's

IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. This will initially be shared with the PRIME system operated by Cheshire West and Chester

www.primesafety.net

- This will then be shared with RIDDOR (HSE)

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

Wellbeing of pupils with allergies

The school recognises that allergies can have a significant impact on a pupil's emotional wellbeing, confidence and sense of safety. Some pupils with allergies may experience anxiety because of the risk of exposure to allergens and the possibility of anaphylaxis. This may be further affected by related conditions such as asthma or eczema.

The school will take active steps to support the wellbeing of pupils with allergies by providing reassurance that reasonable measures are being taken to reduce the risk of allergen exposure and that robust emergency arrangements are in place.

The school will promote a culture of awareness, inclusion and respect in relation to allergies. This will include regular communication with pupils, parents and staff so that the school community understands the risks associated with allergies and the importance of following control measures.

The school will take appropriate steps to prevent bullying, teasing or social exclusion related to allergies, dietary needs, medication or medical conditions. Any concerns of this nature will be addressed promptly in line with the school's Behaviour Policy and Anti-bullying Policy.

To support pupils with allergies, the school will:

- Provide proactive support for new pupils with known allergies as they join the school.
- Explain to pupils and parents the arrangements the school will put in place to support safety and inclusion.
- Offer opportunities, where appropriate, for pupils with allergies and their families to become familiar with the dining environment and key staff.
- Identify appropriate staff members who can act as a point of contact for pupils with allergies and their parents.
- Encourage pupils with allergies, where appropriate, to share concerns and contribute to discussions about how they can be supported safely in school.

The school will, where appropriate, involve pupils with allergies and their parents in the development and review of support arrangements. The school will also consider feedback from staff and, where relevant, from other members of the school community in order to improve practice.

Monitoring and review

This policy will be reviewed at least annually by the named senior leader and named member of the governing board.

The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

Following each occurrence of an allergic reaction, this policy and pupils' IHPs will be updated and amended as necessary.

Appendix

A.



Individual Health Care Plan

(To be part of grab bag in case of emergency)

Child's name
Group/class/form
Date of birth
Child's address
Medical diagnosis or condition
Date
Review date

Family Contact Information

Name
Phone no. (work)
(home)
(mobile)
Name
Relationship to child
Phone no. (work)
(home)
(mobile)

Clinic/Hospital Contact

Name
Phone no.

G.P.

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Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Plan developed with

Form copied to

Recording Medication Given - EMERGENCY

(Including AAI's – This will be given to paramedics or healthcare professionals in the case of emergency)

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

B.

Flow Chart for Procedures

SCHOOL ALLERGEN MANAGEMENT FLOWCHART

